



Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (C						ımn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			,00.0				ſ	RATE	FEE	OR		
FOR			NUMBER 1	NI IMPED EU ED		NUMBER EXTRA		BASIC FEE			RATE	FEE
· · ·			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			25 minus 20=		* (			X\$ 9=		OR	X\$18=	90
INDEPENDENT CLAIMS				nus 3 =	0			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II										OTHER	THAN
	(Column 1) (Colum					(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	TCLAIM	<u>                                     </u>		X42=		OR	X84=	
L	TIMOTTRESE	INTAMON OF WI	JEHIP LL DEP	LINDLIN	CLATIVI			+140=		OR	+280=	·
							L	TOTAL	<del> </del>	OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	~	ODIT FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l	140			.000	
							L	+140= TOTAL		OR	+280= TOTAL	
										OR	ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)				_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIM	= (-)		X42=		OR	X84=	
	FINOI PHESE	NTATION OF M	JEHPLE DEF	CNUEN	LAIM		<b>'</b>	+140=		OR	+280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR I	TOTAL	
***	If the "Highest Nu	mber Previously Pa mber Previously Pa nber Previously Pai	aid For" IN THI	S SPACE	is less tha	an 3, enter "3."	^	DDIT. FEE <b>L</b> nd in the app	ropriate box	•	ADDIT. FEE <b>.</b> umn 1.	